



CUSTOMER FEEDBACK FORM

ISO 9001:2008

Dear Valued Customer,

Customer Name	
Address	

Please fill in the details to strengthen our systems and enable us to serve you better.

SR. NO.	PARAMETERS	RATING (scale 1 to 10,10 being the highest)
1	Grievance Handling	<input type="text"/>
2	In time dissemination of information (Circular, VIA magazine, etc.)	<input type="text"/>
3	Response time to emergencies	<input type="text"/>
4	Organizing seminars	<input type="text"/>
5	Service to community	<input type="text"/>
6	Members delight	<input type="text"/>
7	Corporate culture	<input type="text"/>

Remarks / Suggestions: _____

Name: _____

Designation: _____

Company Seal:

Signature: _____

Date: _____

Note:

1. Rating 1 is lowest and Rating 10 is highest
2. If the rating given by you for any parameter is 2 or below, please cite specific reasons (to help us analyse specifically).